

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 4-17-02.
 - b. The request was received on 7-29-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA
 - c. TWCC 62s
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. HCFAs
 - c. TWCC 62s
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. No Carrier sign sheet was noted in the dispute packet. The Respondent's packet was submitted on 8-26-02. It is reflected as Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Position statement taken from the Table of Disputed Services.
"The fluoroscopy that we performed is not included in the ESI that was performed. We received a pre-authorization number for an ESI w/fluoro which is 22130."
2. Respondent: No position statement noted.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 4-17-02.

2. The carrier denied the billed service as reflected on the TWCC 62s as, "G,226 – INCLUDED IN GLOBAL CHARGE"

Reaudit dated 6-5-02; Per CPT 76000 the original decision still stands. Reason being that per MFG Pg. 204 Sec. D Videofluoroscopy [sic] is considered to be part of a myelogram and discogram. Therefore, when billing for either a myelogram, discogram, OR INJECTIONS VIDEOFLUOROSCOPY [sic] SHALL NOT BE BILLED SEPARATELY".

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
4-17-02	76000 -WP	\$150.00	\$-0-	G, 226	\$110.00	TWCC Advisory 97-01; CPT Code Descriptor	<p>The carrier denied the disputed services as reflected above.</p> <p>Pursuant to Advisory 97-01, "If a health care provider believes fluoroscopic assistance (fluoroscopy) is medically necessary when performing an injection on a particular patient, and it is not included in the procedure, the provider shall bill the appropriate CPT code for the injection and the appropriate CPT code for the fluoroscopic assistance."</p> <p>CPT Code 76000-WP is not global to any other procedure billed on the date in dispute.</p> <p>Therefore, reimbursement is recommended in the amount of \$110.00.</p>
Totals		\$150.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$110.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$110.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 08th day of April 2003.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll